

Table of Contents

Important Contacts	vi
Other Important Numbers	vii
MAA Billing Instructions	viii
Definitions	1

INTRODUCTION

Section A: Procedure Codes/Dx Codes/Noncovered Services/ Managed Care/By Report/Conversion Factors

Procedure Codes	A.1
Diagnosis Codes.....	A.1
Grace Period for Discontinued Codes.....	A.2
Noncovered Services	A.2
Noncovered Practitioners.....	A.3
Clients Enrolled in MAA's Managed Care Plans	A.3
By Report (BR)	A.4
Acquisition Cost (AC)	A.4
Conversion Factors	A.4
National Correct Coding Initiative.....	A.4

PROGRAMS (Guidelines and Limitations)

Section B: Office/Outpatient/Children's Health/Inpatient/ Observation Care/Detoxification/ER/ESRD/Critical Care/Physician Standby/Osteopathic Manipulation/Newborn Care/NICU/PICU/ Oversight/Domiciliary/Rest Home/Custodial Care/Telehealth

Office and Other Outpatient Services	B.1
Children's Primary Health Care.....	B.2
Hospital Inpatient and Observation Care Services	B.2
Detoxification Services.....	B.4
Emergency Physician-Related Services.....	B.4
End-Stage Renal Disease (ESRD)	B.5
Critical Care	B.5
Physician Standby Services	B.7
Prolonged Services.....	B.8
Osteopathic Manipulative Therapy	B.9
Newborn Care	B.10
Neonatal Intensive Care Unit (NICU)/Pediatric Intensive Care Unit (PICU) ...	B.10

Table of Contents (cont.)

Section B: Continued...

Physician Care Plan Oversight.....	B.11
Domiciliary, Rest Home, or Custodial Care Services.....	B.12
Telehealth.....	B.12

Section C: EPSDT/Immunizations/Immune Globulins/Injections

Early and Periodic Screening, Diagnosis and Treatment (EPSDT).....	C.1
Medical Nutrition Therapy	C.7
Fluoride Varnish (Physicians and ARNPs).....	C.8
Immunizations – Children.....	C.8
Immunizations – Adults.....	C.11
Immune Globulins	C.12
Therapeutic or Diagnostic Injections	C.14
Verteporfin Injection.....	C.15
Clozaril Case Coordination.....	C.16
Botox Injection.....	C.16
Forms and Publications Request Form	C.17

Section D: Vision Care Services

Vision Care Services (Includes Ophthalmological Services)	D.1
Eyeglasses	D.4
Eyeglass Lenses	D.7
Contact Lenses	D.11
Ocular Prosthetics	D.13
Cataract Surgeries	D.14
Strabismus Surgeries.....	D.14
Where and How Do I Order Eyeglasses and Contacts Lenses?.....	D.14

Section E: Allergen Immunotherapy/Psychiatric Services/ Podiatric/Radiology/Pathology and Lab

Allergen Immunotherapy	E.1
Psychiatric Services	E.2
Podiatric Services.....	E.6
Radiology Services	E.8
Pathology and Laboratory.....	E.12

Table of Contents (cont.)

Section F: Maternity/Chemotherapy/Surgical/Anesthesia/Major Trauma

Maternity Care and Delivery	F.1
Smoking Cessation for Pregnant Women	F.11
Abortion Services (Drug Induced)	F.14
Abortion Center Contracts (Facility Fees)	F.15
Chemotherapy Services	F.16
Hydration Therapy With Chemotherapy	F.17
Surgical Services.....	F.18
Registered Nurse First Assistants (RNFA)	F.21
Multiple Surgeries.....	F.21
Endoscopy Procedures	F.22
Other Surgical Policies	F.22
Urology	F.24
Bilateral Procedures	F.26
Pre/Intra/Post-Operative Payment Splits	F.26
Anesthesia.....	F.27
Major Trauma Services.....	F.34

Section G: Physical Therapy/Miscellaneous Services

Physical Therapy.....	G.1
Miscellaneous Services	G.8
Cochlear Implants	G.9
Vagus Nerve Stimulators	G.9
Osseointegrated Implants.....	G.9

Section H: Family Planning/Sterilization/Hysterectomies

Family Planning	H.1
Sterilization	H.2
How to Complete the Sterilization Consent Form	H.5
How to Complete a Client Statement Form	H.8
How to Complete a Sterilization Consent Form for a client Age 18-20.....	H.9
Blank Sterilization Consent Form.....	H.10
Sample of a Regular Sterilization Consent Form	H.11
Blank Client Statement Form.....	H.12
Sample of Sterilization Consent Form Needing Client Statement Form.....	H.13
Sample of Client Statement Form.....	H.14
Sample of Sterilization Consent Form for Client Age 18-20	H.15
Hysterectomies.....	H.16

Table of Contents (cont.)

PRIOR AUTHORIZATION

Section I: Prior Authorization

Limitation Extension (LE)	I.1
Written/Fax Prior Authorization	I.1
Blank Prior Authorization Request Form	I.3
Blank PET Scan Prior Authorization Request Form	I.4
Expedited Prior Authorization (EPA).....	I.5
MAA-Approved Centers of Excellence (COE)	I.20
MAA-Approved Sleep Study Centers	I.23
MAA-Approved Inpatient Pain Clinics	I.24

FEE SCHEDULES/SUPPLIES/INJECTABLE DRUGS

Section J: Fee Schedules

Site of Service (SOS) Payment Differential	J.1
2004 Physician-Related Services Maximum Allowable Fees	J.5
Selected HCPCS Procedure Codes	J.129

Section K: Medical Supplies and Equipment/Injectable Drug Codes

General Payment Policies	K.1
Supplies Included In Office Call (Bundled Supplies).....	K.2
Supplies Reimbursed Separately When Dispensed From Physician's Office	K.4
Injectable Drug Codes.....	K.7

MODIFIERS

Section L: Modifiers

CPT/HCPCS Modifiers.....	L.1
Anesthesia Modifiers	L.7

Table of Contents (cont.)

BILLING/CLAIM FORM

Section M: Billing

What is the time limit for billing?.....	M.1
What fee must I bill MAA?	M.2
Third Party Liability	M.3
Primary Care Case Management (PCCM) Clients	M.3
How do I bill for clients eligible for both Medicare and Medicaid?	M.4
What general records must be kept?	M.8

Section N: How to Complete the HCFA-1500 Claim Form

Guidelines/Instructions	N.1
Sample of a Completed HCFA-1500 Claim Form	N.6